

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000050170

1. Entity Name

WDW EMPLOYMENT SERVICES, INC.

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90152 031 ***158.75

Principal Place of Business

Mailing Address

105 LAND OAK LANE
 KNOXVILLE TN 37922

11130 KINGSTON PIKE, STE. 1-184
 KNOXVILLE TN 37922-2800

2. Principal Place of Business

3. Mailing Address

165 West End Avenue
 Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Knoxville, TN

4. FEI Number

58-2471794

Applied For

Not Applicable

Zip

Country

Zip

Country

37922

U.S.A

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution.

☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 PD
 WINEGARDNER, DEAN
 3000 RIVER HAVEN POINT
 KNOXVILLE TN 37922

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 VSTD
 SWIDERSKI, JILL
 142 WEST END
 KNOXVILLE TN 37922

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 VST
 Swiderski, Jill
 165 West End Avenue
 Knoxville, TN 37922
☒ Change ☐ Addition

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 STREET ADDRESS
 CITY-ST-ZIP
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: By: *WDW Employment Services, Inc.*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Dean Winegardner, VP

4/25/00

865/675-2192

Date

Daytime Phone #